Please type a plus sign (+) inside this box PTO/S8/122 (10-00) e through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number **CHANGE OF** CORRESPONDENCE ADDRESS Filing Date First Named Inventor Application Group Art Unit Address to: Assistant Commissioner for Patents **Examiner Name** Washington, D.C. 20231 Attomey Docket Number Please change the Correspondence Address for the above-identified application Customer Number Place Customer Number Bar Code Type Customer Number here Label here OR Firm or Individual Name DR MARK FRIEIMAN LTD Address c/o Bill Polkinghorn - Discovery Dispatch Address 9003 Florin Way City Upper Marlboro Country U.S.A. Telephone (301) 952-1011 Fax (301) 952,9023 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use Request for Customer Number Data Change* (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Typed or Printed Name MARK M. FRIEDMAN Reg. No. 33, 883 Signature 12,2001

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

(E

*Total of

forms if more than one signature is required, see below

forms are submitted.